

FILED JAN 20 1951

THE CITY OF ST. LOUIS
STANDARD CERTIFICATE OF DEATH

1003

State File No. 43792
11133
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>22</u> TOWN <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>422X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3532-Dix Avenue</u>	
3. NAME OF DECEASED (Type or Print) <u>Lester</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Carter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 5, 1898</u>		9. AGE (In years last birthday) <u>52</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Fred Carter</u>			
13b. MOTHER'S MAIDEN NAME <u>Ida Mann</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel M. Carter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-10-7380</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel M. Carter</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Throat Follicular lymphosarcoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____		INTERVAL BETWEEN ONSET AND DEATH <u>18 mth.</u>	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>1981</u>			
22. I hereby certify that I attended the deceased from <u>9-21</u> , 19 <u>49</u> , to <u>12-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>50</u> , and that death occurred at <u>11:00 A.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. K. FRISKEL</u>		(Degree or title) <u>W.D.</u>		23b. ADDRESS <u>539 N. Grand</u>	
23c. DATE SIGNED <u>12-27-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			
24b. DATE <u>12-29-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ellington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ellington, Mo. via Motor</u>	
DATE REC'D BY LOCAL REG. <u>DEC 27 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Haiman Bros</u>	
				ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY-USE UNFADING BLACK INK-MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

working under my personal supervision.

Student Embalmer No.

Signed

David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Oakland, Ill., U.S.A.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.